FILE NOW: FILING FEE IS $61.25

APPROVED AND FILED

99 MAR 29 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01-21-1999 90051 027 ***96.00

DOCUMENT # N98000000291

1. Corporation Name
HOME MOBILE HOME PARK TENANTS ASSOCIATION INC.

Principal Place of Business	Mailing Address
806 DAILY DRIVE HALLANDALE FL 33009	806 DAILY DRIVE HALLANDALE FL 33009

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/20/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number no employee ✓ Applied For ☒ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ULERY, IDA MAE 806 DAILY DRIVE HALLANDALE FL 33009	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BOIS, PAUL		1.2 NAME	
STREET ADDRESS	802 BUCK ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SNOW, PAUL B		2.2 NAME	
STREET ADDRESS	815 NASH ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LACASSE, ANDRE		3.2 NAME	
STREET ADDRESS	815 NASH ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BEAULIEU, ROGER		4.2 NAME	
STREET ADDRESS	803 BUCK ST.		4.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ULERY, IDA MAE		5.2 NAME	
STREET ADDRESS	806 DAILY DRIVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009		5.4 CITY-ST-ZIP	
TITLE	[illegible]	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	[illegible]		6.2 NAME	
STREET ADDRESS	[illegible]		6.3 STREET ADDRESS	
CITY-ST-ZIP	[illegible]		6.4 CITY-ST-ZIP	

3/29

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED January 06-1999
SIGNATURE AND TYPED OR PRINTED NAME OF ELECTED OFFICER OR DIRECTOR — Date — Daytime Phone #

BEAULIEU ROGER 803 BUCK ST HALL. FLA. - 1-954-454-1792

CR2E031 (1/98)